## Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, Owner-occupied Residence

(includ specific	in and deminisms) listed on the hu	I am the owner of the 1, 2, 3 or 4 family, owner-occupied residence ilding permit that I am applying for, and I am not required to show insurance coverage for such residence because (please check the	
. 0	I am performing all the work for w	which the building permit was issued.	
0	I am not hiring, paying or compensation which the building permit was	ating in any way, the individual(s) that is(are) performing all the work issued or helping me perform such work.	
0	I have a homeowners insurance policy that is currently in effect and covers the property listed on the attached building permit AND am hiring or paying individuals a total of less than 40 hours per week (aggregate hours for all paid individuals on the jobsite) for which the building permit was issued.		
♦ ac	rms approved by the Chair of the NY	sation coverage and provide appropriate proof of that coverage on 'S Workers' Compensation Board to the government entity issuing ay individuals a total of 40 hours or more per week (aggregate hours for work indicated on the building permit; OR	
(in of Cha	cluding condominiums) listed on the workers' compensation coverage or	g the work on the 1, 2, 3 or 4 family, owner-occupied residence building permit that I am applying for, provide appropriate proof proof of exemption from that coverage on forms approved by the on Board to the government entity issuing the building permit if the per week (aggregate hours for all paid individuals on the jobsite) it.	
(Si	gnature of Homeowner)	(Date Signed)  Home Telephone Number	
(Hon	neowner's Name Printed )		
roperty Add	dress that requires the building permi	it: Sworn to before me this day of	
		(County Clerk or Notary Public)	

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